

MISSOURI DEPARTMENT OF SOCIAL SERVICES DIVISION OF FAMILY SERVICES

TITLE IV-E/FFP REFERRAL

PAGE 1 of 4

IDE	NTIFYING IN	FORMATION					D. C.			
	IILD'S NAME				DCN	DYS NUMBER		TYPE OF PLACEMENT		
		(STREET, CITY, STATE							DATE OF CUSTODY	
		REET, CITY, STATE, ZIE								
sam	e as above									
DATE OF BIRTH SO			SOCIAL SECURITY NUMBER		RACE	SEX	STATE OF BIRTH		BIRTH	
	DYS/JUV. CT. WO	RKER -		SUPERVISOR	11/10 To 11	TELEPHONE NUMBER		COUNTY		
	Schnell			. Rick Ga	aines	573-886-4450				
	GIBILITY/RE	IMBURSABILIT'	Y INFORMATION							
1.	were initiated?									
NAME							Yes	☐ No		
NAME	E			TYPE	TYPE CASE			NUMBER		
2.	Were both p	Were both parents in the removal home during the month the petition was filed? NAME OF PARENT A				BSENT	BSENT FROM HOME			
	1.5	Artel Karabasan		Yes	□ No If No ►	2000000				
3.									LED, DECEASED, D OCCURRED).	
IF T	HE PARENT	NAMED IN QUE	STION #3 WAS UN			JESTION #3A				
	THE PARENT NAMED IN QUESTION #3 WAS UNEMPLOYED, PLEASE ANSWER QUESTION #3A. The primary wage earner is the parent with the most earnings over the last 24 months. Is the primary wage earner unemployed or employed less than					ARNER				
4.	100 hours p		is be/she offending	Yes	□ No					
4.		attendance:	is he/she attending Full-Time	Part-	-Time	☐ Yes] No	□ N/A	
5.	of study by ag	je 197	ol, is he/she expected	d to complete	the course	☐ Yes] No	□ N/A	
6.	Expected graduation date: Was the child living with either or both parents during the month the court proceedings were initiated? Yes No									
7.	If no, list all living arrang	living arrangeme ements prior to p	nts for the six month	s prior to the r	month court proceeding	gs initiated, beginn	ing wit	h the child	d's most recent	
	FROM TO RELATIONSHIP NAME AND ADDRESS									
				7						

LIST ALL H		BERS IN T	THE REMOVAL HOME	IN THE MON		OURT PETI	TION WAS FI	LED.		
NAME		5	SOCIAL SECURITY NO.	BIRTH D	ATE	RE	LATIONSHI	P		*_
· INDICATE PA	ARENT (S)/GUARDI	N(S) FRO	M WHOM THE CHILD	WAS REMO	VED					
9. Is the home	e from which the ch	ild was rei	moved receiving adoption	on support pa	yments		12.0			
on behalf of	of the child?		3 ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□ Y	es	☐ No	0
10. Does the c	child expect an inher	itance or	settlement?							
	ch information abou						□ Y	es	☐ No	0
			OLD MEMBERS IN THE	REMOVAL	HOME IN T	HE MONTH T	HE COLIDT D	ETITION	MARE	II ED
11. SOURCE	BALANCE	THOUGH.	OWNER	ILLINOVAL	BANK NA	ME AND AD	DRESS		CCOUN	
covic orner.	27.12.11.02		OTTILLIT		DAIN NA	MIL AND AD	DRESS		JCCON	II NO
CASH										
CHECKING/				-				_		
SAVING										
				_						
IRA/CD										
STOCKS/				_						
BONDS										
				-						
TRUST ACCOUNT										
ACCOUNT				-						
OTHER										
40. D										
If yes, plea	ne own any real est	ate other	than their home?							
VALUE/AMOUNT OWN	ED ISL	OWNER			1.00	T.A	□ Y	es	□ No	0
/		OWNER			LOCA	TION				
VALUE/AMOUNT OWNED CIANIER		CHARLED	10			LOCATION				
VALUE/AMOUNT OWNED OWNER		OWNER		LOCA	LOCATION					
13. VEHICLE		- NOV	E (110 011 11 11 11 11 11 11 11 11 11 11 11							
VALUE/AMOUNT OWN	ED		E (NO OWNED VEHIC	LE)						
VALUE/AMOUNT OWNED OWNER(OWNER(S)	R(S)			MODEL MAKE		KE YEAR		
VALUE/AMOUNT OWNED CHARLED		OUA IED CO.	D.D.							
VALUE/AMOUNT OWNED OWNER(OWNER(S)	(ER(S)			EL	MAKE	YEAR	YEAR	
44 11100115 /										
14. INCOME (C	OTHER THAN WAG	ES FROM	M EMPLOYMENT)							
0011555	1240-110-110-110-1	61,000	Петер		□ o===		0.7			
SOURCE	FOSTER C	HILD	MOTHER STEP	FATHER	☐ STEP	SIBI	LING	SIE	BLING	
OASDI										
SSI		412/11								
VA										
UCWC										
RR										
PENSION				-						
MILITARY										
CHILD SUP.	100000000000000000000000000000000000000									
OTHER										
 INDICATE THE F ABOVE BENEFIT 	OSTER CHILD'S/DYS YOUT	HS/JUV. CT.	CHILD'S PAYEE FOR THE	NAME			Т	YPE OF BEN	EFIT	

16. CURRENT E										
	FROM	TO	EMPLOY	ER NAME	AND ADDF	RESS	WAG	SES	FREQUENCY	
FOSTER CHILD										
MOTHER										
FATHER										
STEP										
SIBLING										
SIBLING										
17. Is the child a	U.S. citizen or	legal alier	1?					☐ Yes	□No	
18. MARITAL IN	FORMATION	- COMPL	ETE ON MOTHER AN	ND FATHE	R, IF APPL	ICABLE				
Check, if never ma	arried:	☐ Mother	Father							
	nother was marr	ied at the tir	ne of the child's concept	ion and birth						
NAME	NAME CHECK BOX, IF UNKNOWN									
ADDRESS	ADDRESS CHECK BOX, IF UNKNOWN									
DATE OF MARRIAGE	DATE OF MARRIAGE CHECK BOX, IF UNKNOWN STATE AND COUNTY CHECK BOX, IF UNKNOWN									
DATE OF LEGAL (COURT	DATE OF LEGAL (COURT) SEPARATION CHECK BOX, IF UNKNOWN STATE AND COUNTY CHECK BOX, IF UNKNOWN									
DATE OF DIVORCE			CHECK BOX, IF UNKNOWN		STATE AND COL	INTY C	ECK BOX, IF I	UNKNOWN		
Is there a juvenile	order for blood	testing fo	r any of the parties?		Yes [☐ No If yes,	please att	ach a co	py of the order.	
19. ABSENT PA HOME) (IN A	RENT INFORMADDITION TO	MATION (I	NCLUDES PARENT() HER, LIST ALL POS	S) IN THE	REMOVAL				OURT ORDERS	
NAME				RACE	SEX	ADDRESSING CHILD SUPPORT. DATE OF BIRTH SOCIAL SECURITY NUMBER				
ADDRESS (STREET, CITY	, STATE, ZIP CODE)							TELEPHON	ELEPHONE NUMBER	
EMPLOYER NAME						TELEPHON			E NUMBER	
ADDRESS (STREET, CITY	, STATE, ZIP CODE)									
HEALTH INSURANCE NAME POLICY NUMBER										
NAME				RACE	SEX	DATE OF BIRTH		SOCIAL SE	CURITY NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) TELEPHONE NUMBER							E NUMBER			
EMPLOYER NAME								TELEPHONE NUMBER		
ADDRESS (STREET, CITY,	STATE, ZIP CODE)					***************************************				
HEALTH INSURANCE NAM	ME.					POLICY NUMBER				